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## **COVER LETTER**

Mazat Inv	estments 8, LLC		
SOBIRG 1:	Name of Lin	nited Liability Company	
The enclosed Articles of	[Amendment and fee(s) are sub	omitted for filing.	
Ptease return all corresp	ondence concerning this matter	to the following:	
	Israel E. Kopel		
		Name of Person	
	Mazal Investments 8, LLC		
		Firm/Company .	
	1111 Kane Concourse, Sui	ite 214	
		Address	**************************************
	Bay Harbor Islands, Florid	la 33154	
	uldocuments@gmail.com	City/State and Zip Code	
	<b>~</b> -	to be used for future annual report notif	ication)
For further information (	concerning this matter, please c	all:	ı
Israel E. Kopel		305 867-1621	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive.Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mazal Investments 8, LLC			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on or d Liability Company)	ır records.)	
The Articles of Organization for this Limited Liability Compar			and assigned
Florida document number L10000062328			
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	And the short of t		
(Principal office address MUST BE A STREET ADDRESS)			III.
•	,		<del></del>
Enter new mailing address, if applicable:	13322 SW 128 Street	· · · · · · · · · · · · · · · · · · ·	й.
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33186		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		records, <u>enter</u>	the name of the new
New Registered Office Address:	Enter Florida stre	et address Florida	NA OF THE SECOND
	City	• -	Sip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	į	\$ <b>9</b>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If aniending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

Title	Name	Address	Type of Action
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ective date, if other than t	ne date of filing: April 27, 2017	(or	ptional)	
<u>te:</u> If the date inserted in this	nust be specific and cannot be prior to date block does not meet the applicable state. Department of State's records.	of filing or more than 90 days a ntutory filing requirements,	Rer filing.) Pursuant to 605, this date will not be liste	.020 ed a
record specifies a delay he 90th day after the r	ed effective date, but not an e ecord is filed.	effective time, at 12:0	1 a.m. on the earlie	er c
April 27	2017			
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April 27				

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Filing Fee: \$25.00